

## TRAVEL EXPENSE CLAIM

See Instructions and Privacy

Statement on Reverse Side

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STD 262 (REV 10/92)

CLAIMANT'S NAME John Cruz		SSAN OR EMPLOYEE NUMBER		DEPARTMENT Governor's Office	
POSITION Appointments Secretary		CB/ID NUMBER		DIVISION OR BUREAU	
RESIDENCE ADDRESS [REDACTED]		HEADQUARTERS ADDRESS 1350 Front Street, Suite 6054		TELEPHONE NUMBER [REDACTED]	
CITY San Diego		STATE CA.		92101	

MONTH/YEAR		LOCATION WHERE EXPENSES WERE INCURRED	LODGING	MEALS			INCIDENTALS	TRANSPORTATION				BUSINESS EXPENSE	TOTAL EXPENSES FOR DAY
DATE	TIME			BREAKFAST	LUNCH	DINNER		COST OF TRANS.	TYPE USED	CARFARE, TOLLS, PARKING	PRIVATE CAR USE MILES    AMOUNT		
5.12.09	9.00am	OC/SAC	134.22		✓ 7.10	✓ 18.00		✓ 59.60		✓ 35.00	0.00		253.92
5.13.09	7:30pm	SAC/OC					✓ 6.00	✓ 69.60		✓ 168.00 <del>74.00</del>	0.00		143.60 <del>149.60</del>
													0.00
													0.00
											0.00		0.00
											0.00		0.00
											0.00		0.00
											0.00		0.00
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											0.00		0.00
											0.00		0.00
											0.00		0.00
											0.00		0.00
											0.00		0.00
SUBTOTALS			134.22	0.00	7.10	18.00	6.00	129.20	0.00	109.00	0	0.00	0.00
COLUMN CODE (ACCTG. USE ONLY)													

CLAIM TOTAL

\$397.51

\$403.52

PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts when required)

5.12.09-5.13.09- Interviews with possible GAS appointees, Staff Meetings

NORMAL WORK HOURS

PRIVATE VEHICLE LICENSE NUMBER

MILEAGE RATE CLAIMED

0.445

AGENCY ACCOUNTING OFFICE

USE ONLY

PAID BY REVOLVING FUND CHECK NUMBER

240540

I HEREBY CERTIFY, That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of

California. If a privately owned vehicle was used and if mileage exceeds the minimum rate, I certify the cost of the operating the vehicle was equal to or

greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754

pertaining to vehicle safety and seat belt usage

DATE

5/21/09

DATE

6-1-09

DATE